



Office of Public Instruction
Linda McCulloch, Superintendent
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Helena, MT 59620-2501

STUDENTS WITH UNIQUE CONCERNS

District:

School Year
2005-2006

Monitor:

EXTENDED SCHOOL YEAR

Has the district provided students with disabilities extended school year services during the past calendar year? _____ Yes _____ No

(If yes, please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Special Education Teacher / Speech- Language Pathologist	OPI Use Only

SURROGATE PARENTS

Has the district used surrogate parents during the current or previous school year?

_____ Yes _____ No

(If yes, please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Special Education Teacher / Speech- Language Pathologist	OPI Use Only

PRIVATE SCHOOLS

Does the district provide special education and related services to students who are enrolled in private schools, including students who are home schooled? _____ Yes _____ No

(If yes, please identify these students below or on additional pages.)

[illegible]

AVERSIVE TREATMENT PROCEDURES

Has the district employed aversive treatment procedures (as defined in ARM 10.16.3346) with students with disabilities? ☐ Yes ☐ No

(If yes, please identify these students below or on additional pages.)

[illegible]

MANIFESTATION DETERMINATION

Has the district conducted manifestation determination reviews for students with disabilities during the past year? ☐ Yes ☐ No

(If yes, please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Special Education Teacher / Speech-Language Pathologist

SUSPENSION OF STUDENTS WITH DISABILITIES

Has the district suspended any students with disabilities for seven school days or more during the current school year? ☐ Yes ☐ No

(If yes, please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Special Education Teacher / Speech-Language Pathologist

EXPULSION OF STUDENTS WITH DISABILITIES

Has the district expelled any students with disabilities for seven school days or more during the current school year? _____ Yes _____ No

(If yes, please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Special Education Teacher / Speech-Language Pathologist

HIGH SCHOOL GRADUATES DURING THE PAST YEAR

Has the district graduated high school students with disabilities with a regular high school diploma in the previous school year? _____ Yes _____ No

(If yes, please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Special Education Teacher / Speech- Language Pathologist	OPI Use Only

EXITED STUDENTS

Have any district students returned to regular education as a result of having met the objectives of their IEP during the past calendar year? These are students who no longer have an IEP and are receiving all their educational services from a general education program. _____ Yes _____ No
(If yes, please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Special Education Teacher / Speech-Language Pathologist	OPI Use Only

3-YEAR-OLD AND YOUNGER CHILDREN

Since July 1, 2005, has the Part C (Infant and Toddler Program) referred children for Part B eligibility determination prior to the child turning age 3? _____ Yes _____ No

(If yes, please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Date of Referral	Date Evaluation Plan Returned	Date of Initial Child Study Team meeting	OPI Use Only

STUDENTS FOUND NOT ELIGIBLE FOR SERVICES UNDER IDEA

Have any district students been initially evaluated for special education services in the current school year and found to be not eligible for services under the IDEA since July 1, 2005?

_____ Yes _____ No

(If yes, please identify these students below or on additional pages. Do not include three-year-old children if they have been previously listed on this form under the heading "3-year-old and younger children".)

School Building	Student Name	Initials	Birthdate	Gender	Date Evaluation Plan Returned	Date of Initial Child Study Team meeting	OPI Use Only